



GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



EDDIE BAZA CALVO
GOVERNOR

JAMES W. GILLAN
DIRECTOR

RAY TENORIO
LIEUTENANT GOVERNOR

LEO G. CASIL
DEPUTY DIRECTOR

Date: 3/6/2018

Hell's Hart
Name of Establishment

As a result of this inspection your establishment received a:

☒ LETTER OF WARNING

24/c
(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. If we do not receive a written re-inspection request from you, we will conduct a follow-up inspection after ten (10) calendar days from the official receipt of this notice to ensure that corrective measures have been taken.

Failure to correct violations may result in the closure of your establishment pursuant to section 21109(b) of 10GCA, Chapter 21.

☐ NOTICE OF CLOSURE

(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. Unlike an establishment who has received a letter of warning, an establishment shall remain closed unless a written request for re-inspection is made. Under 10 GCA Ch. 21 §21109(b), suspension without prior hearing may be imposed until the violation is corrected. You may also request a hearing to the Division of Environmental Health within five (5) calendar days of the date of this notice. When a hearing is requested following a suspension without prior hearing, it shall be discretionary with the Director as to whether the suspension shall be continued pending the hearing.

We look forward to working closely with you as partners in promoting health and sanitary practices on Guam. If you need further assistance, you can reach us at 735-7221 or (fax) 734-5556. Si Yu'us Ma'ase.

Sincerely, *Leo G. Casil*

Leo G. Casil
Director

Issued By: Dennis R. Tobell

Name of EPHO
Tamara Sherman

Received By: MI SOOK YANG

Establishment Representative

123 CHALAN KARETA, MANGILAO, GUAM 96913-6304
www.dphss.guam.gw • Ph: 1.671.735.7102 • Fax: 1.671.473.5910

**Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular		<input checked="" type="checkbox"/>	24	03/06/2018	HELLO MART
Follow-up				TIME IN	TIME OUT
Complaint	<input checked="" type="checkbox"/>		RATING	11:44	4:02
Investigation				SANITARY PERMIT NO.	LOCATION (Address)
Other:				170001796	LOT 2 NEW TRAIL 9106 RT. 15 MT. ST. PETERS MO 640
ESTABLISHMENT TYPE			AREA	TELEPHONE	No. of Risk Factor/Intervention Violations
RETAIL			1	1055183	2
					No. of Repeat Risk Factor/Intervention Violations
					N/A

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status	COS	R	PTS
Supervision			
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Person in charge present, demonstrates knowledge, and performs duties			
Employee Health			
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Management awareness; policy present			
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Proper use of reporting, restriction & exclusion			
Good Hygienic Practices			
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Proper eating, tasting, drinking, betelnut, or tobacco use			
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
No discharge from eyes, nose, and mouth			
Preventing Contamination by Hands			
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Hands clean and properly washed			
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed			
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Adequate handwashing facilities supplied & accessible			
Approved Source			
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Food obtained from approved source			
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Food received at proper temperature			
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Food in good condition, safe, and unadulterated			
12 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Required records available: shellstock tags, parasite destruction			
Protection from Contamination			
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			6
Food separated and protected			
14 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			6
Food contact surfaces: cleaned & sanitized			
15 <input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Proper disposition of returned, previously served, reconditioned, and unsafe food			

Compliance Status	COS	R	PTS
Potentially Hazardous Food (TCS Food)			
16 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Proper cooking time and temperatures			
17 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Proper reheating procedures for hot holding			
18 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Proper cooling time and temperatures			
19 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Proper hot holding temperatures			
20 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			6
Proper cold holding temperatures			
21 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Proper date marking and disposition			
Consumer Advisory			
22 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			6
Consumer Advisory provided for raw or undercooked foods			
Highly Susceptible Populations			
23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			6
Pasteurized foods used, prohibited foods not offered			
Chemical			
24 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			6
Food additives: approved and properly used			
25 <input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Toxic substances properly identified, stored, used			
Conformance with Approved Procedures			
26 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			6
Compliance with variance, specialized process, and HACCP plan			

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box. If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status	COS	R	PTS
Safe Food and Water			
27 <input checked="" type="radio"/> IN <input type="radio"/> OUT			1
Pasteurized eggs used where required			
28 <input checked="" type="radio"/> IN <input type="radio"/> OUT			2
Water and ice from approved source			
29 <input checked="" type="radio"/> IN <input type="radio"/> OUT			1
Variance obtained for specialized processing methods			
Food Temperature Control			
30 <input checked="" type="radio"/> IN <input type="radio"/> OUT			1
Proper cooling methods used; adequate equipment for temperature control			
31 <input checked="" type="radio"/> IN <input type="radio"/> OUT			1
Plant food properly cooked for hot holding			
32 <input checked="" type="radio"/> IN <input type="radio"/> OUT			1
Approved thawing methods used			
33 <input checked="" type="radio"/> IN <input type="radio"/> OUT			1
Thermometer provided and accurate			
Food Identification			
34 <input checked="" type="radio"/> IN <input type="radio"/> OUT			1
Food properly labeled; original container			
Prevention of Food Contamination			
35 <input checked="" type="radio"/> IN <input type="radio"/> OUT			2
Insects, rodents, and animals not present			
36 <input checked="" type="radio"/> IN <input type="radio"/> OUT			1
Contamination prevented during food preparation, storage & display			
37 <input checked="" type="radio"/> IN <input type="radio"/> OUT			1
Personal cleanliness			
38 <input checked="" type="radio"/> IN <input type="radio"/> OUT			1
Wiping cloths: properly used and stored			
39 <input checked="" type="radio"/> IN <input type="radio"/> OUT			1
Washing fruits and vegetables			

Compliance Status	COS	R	PTS
Proper Use of Utensils			
40 <input checked="" type="radio"/> IN <input type="radio"/> OUT			1
In-use utensils: properly stored			
41 <input checked="" type="radio"/> IN <input type="radio"/> OUT			1
Utensils, equipment and linens: properly stored, dried, handled			
42 <input checked="" type="radio"/> IN <input type="radio"/> OUT			1
Single-use/single-service articles: properly stored, used			
43 <input checked="" type="radio"/> IN <input type="radio"/> OUT			1
Gloves used properly			
Utensils, Equipment and Vending			
44 <input checked="" type="radio"/> IN <input type="radio"/> OUT			1
Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			
45 <input checked="" type="radio"/> IN <input type="radio"/> OUT			1
Warewashing facilities: installed, maintained, used; test strips			
46 <input checked="" type="radio"/> IN <input type="radio"/> OUT			1
Nonfood-contact surfaces clean			
Physical Facilities			
47 <input checked="" type="radio"/> IN <input type="radio"/> OUT			2
Hot & cold water available, adequate pressure			
48 <input checked="" type="radio"/> IN <input type="radio"/> OUT			2
Plumbing installed; proper backflow devices			
49 <input checked="" type="radio"/> IN <input type="radio"/> OUT			2
Sewage and wastewater properly disposed			
50 <input checked="" type="radio"/> IN <input type="radio"/> OUT			2
Toilet facilities: properly constructed, supplied, & cleaned			
51 <input checked="" type="radio"/> IN <input type="radio"/> OUT			2
Garbage/refuse properly disposed; facilities maintained			
52 <input checked="" type="radio"/> IN <input type="radio"/> OUT			1
Physical facilities installed, maintained, and clean			
53 <input checked="" type="radio"/> IN <input type="radio"/> OUT			1
Adequate ventilation and lighting; designated areas use			
Documents and Placards			
54 <input checked="" type="radio"/> IN <input type="radio"/> OUT			2
Sanitary Permit, Health Certificates valid and posted			

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person In Charge (Print and Sign)

DEH Inspector (Print and Sign)

Date: 3/06/18

Follow-up (Circle one): YES NO

Follow-up Date: 3/16/18

Department of Public Health and Social Services
Division of Environmental Health

Food Establishment Inspection Report

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ESTABLISHMENT NAME HELLO MART		LOCATION (Address) LOT 2 NEW TRACT 9106 RT. 15 MT. ST. ROSA Y160	
INSPECTION DATE 03.06.2018	SANITARY PERMIT NO. 170001796	PERMIT HOLDER YANG, JAE HYOK	

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
HAM SANDWICH/CHILLER	73.5		
SPAM MUSUBI/CHILLER	61.5		
SPAM SUSHI/CHILLER	75.5		
BEEF BULLDOG/CHILLER	76.0		
CUT SPAM SUSHI/CHILLER	75.5		
TUNA SANDWICH/CHILLER	60.0		
PACKAGED SPAM/CHILLER	43.5		
CHINESE CABBAGE/CHILLER	43.5		
BALOGNA/CHILLER	42.0		
EGGS SHELLS RAW/CHILLER	40.5		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A REGULAR INSPECTION WAS CONDUCTED ON THIS DAY REGARDING A COMPLAINT (# 17-090) THAT A STAPLE WAS FOUND IN PACKAGED SUSHI. THE COMPLAINT WAS NOT OBSERVED AT THE TIME OF INSPECTION.	
2	THE FOLLOWING VIOLATIONS WERE OBSERVED: EMPLOYEE HEALTH POLICY NOT PROVIDED. AN EMPLOYEE HEALTH POLICY SHALL BE PROVIDED TO ENSURE THE PROPER RESTRICTION AND EXCLUSION OF ILL EMPLOYEES.	3/16/18
8	NO LIQUID SOAP OR PAPER TOWELS PROVIDED AT HANDWASH SINKS IN THE OFFICE RESTROOM, KITCHEN, AND COMMON AREA RESTROOM. LIQUID SOAP AND PAPER TOWELS SHALL BE PROVIDED AT ALL HAND SINKS TO ENSURE ALL EMPLOYEES THOROUGHLY WASH THEIR HANDS.	3/16/18
13	OBSERVED STORAGE OF PHF (CHICKEN, PORK) NEXT TO BAGS OF ICE IN THE RTE ICE IN THE FREEZER CASE. PHF (CHICKEN) SHALL BE STORED SEPARATELY FROM RTE (ICE) TO PREVENT CROSS CONTAMINATION.	COS

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) MI SOOK YANG	Date: 3/06/18
DEH Inspector (Print and Sign) D. MITCHELL EPHO II	Date: 03.06.18

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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ESTABLISHMENT NAME HELLO MART		LOCATION (Address) LOT 2 NEW TRACT 9106 PT. IS. MT. ST ROSA	
INSPECTION DATE 03.06.2018	SANITARY PERMIT NO.	PERMIT HOLDER YANG, JAE-HYOK	Y120

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

20	PHF/TCS FOOD SUCH AS TUNA SANDWICHES, MUSUBI AND BULGOGI HAD INTERNAL TEMPERATURES ABOVE 41°F. ALL PHF/TCS SHALLS FOR COLD HOLDING SHALL BE HELD AT 41°F AND BELOW TO PREVENT THE RAPID GROWTH OF BACTERIA. ANY PHF/TCS FOOD NOT MEETING PROPER TEMPERATURES SHALL BE DISCARDED. *NOTE: OBSERVED TCS/PHF ABOVE STORED ON COUNTER AND MOVED INTO CHILLER BY EMPLOYEE BEFORE INTERNAL TEMPERATURES WOULD BE TAKEN.	COS
25	ESTABLISHMENT USING UNAUTHORIZED POISONOUS MATERIALS C/O IN THE KITCHEN AREA. (BLACK FLAG) ONLY AUTHORIZED POISONOUS MATERIALS SHALL BE USED IN THE ESTABLISHMENT.	
33	METAL STEM THERMOMETERS NOT PROVIDED. THERMOMETERS FOR AMBIENT AIR TEMPERATURES NOT PROVIDED FOR ALL FREEZERS. METAL STEM AND AMBIENT THERMOMETER SHALL BE PROVIDED FOR ALL CHILLERS AND FREEZERS TO ENSURE PROPER COLD HOLDING OF PHF/TCS FOODS.	3/6/18
34	FOOD PRODUCTS SUCH AS SAUSAGE NOT PROPERLY LABELED. ALL FOOD ITEMS SHALL BE PROPERLY LABELED TO ENSURE PROPER IDENTIFICATION.	3/6/18
35		

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person In Charge (Print and Sign) MI SOOK YANG	Date: 3/6/18
DEH Inspector (Print and Sign) D. MICHAEL EPHOTE	Date: 03.06.18

Food Establishment Inspection Report

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ESTABLISHMENT NAME HELLO MART		LOCATION (Address) LOT 2 NEW TRAIT 9106 RT. 15 MT. ST. POSEA Y66	
INSPECTION DATE 05.06.2018	SANITARY PERMIT NO. 170001796	PERMIT HOLDER TANG, JAE HYOK	

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

35	OBSERVED TWO DOGS STAYED BY OUTSIDE MOP SINK. IS	3/16/18
35	OBSERVED TWO DOGS KEPT IN THE ESTABLISHMENT AREA NEAR THE OUTSIDE MOP SINK. WE OBSERVED GAPS IN THE EXIT SCREEN DOORS, AND NO. 16 MESH SCREENS NOT PROVIDED FOR SCREEN DOORS. OBSERVED EXIT SCREEN DOORS WITHOUT SELF CLOSING DEVICES. ALL ANIMALS SHALL BE REMOVED FROM ESTABLISHMENT AREA. ALL EXIT SCREEN DOORS SHALL HAVE SELF-CLOSING DEVICES, AND 16 MESH, AND GAPS SHALL BE SEALED TO PREVENT ENTRY OF PESTS. SCREEN DOOR TO LOADING DOCK SHALL BE PROVIDED WITH NO 16 MESH SCREEN TO ENTRANCE OF PESTS. ANIMALS SHALL BE REMOVED FROM ESTABLISHMENT TO PREVENT SPREAD OF PATHOGENS.	
36	SPLASH GUARDS NOT PROVIDED ON BOTH SIDES OF HAND SINK LOCATED NEXT TO THE THREE COMPARTMENT SINK AND THE FOOD PREP EQUIPMENT. SPLASH GUARDS SHALL BE PROVIDED ON BOTH SIDES OF THE HAND SINK TO PREVENT CONTAMINATION OF FOOD/EQUIPMENT. *NOTE - THIS KITCHEN IS NOT ON THE APPROVED FLOOR PLAN SUBMITTED TO DEPT. OF PUBLIC HEALTH. THIS AREA SHALL REMAIN UNUSED UNTIL REVISED FLOOR PLAN IS SUBMITTED AND APPROVED.	3/16/18
49	AIR GAP OR BACK WATER VALVE NOT PROVIDED FOR THREE COMPARTMENT SINK. AN AIR GAP OR BACKWATER VALVE SHALL BE PROVIDED AT THREE COMPARTMENT SINK TO PREVENT SEWAGE BACK-UP.	3/16/18

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign)	MI SOOK YANG	Me Soak	Date: 3/16/18
DEH Inspector (Print and Sign)	D. M. K. H. E. H. O. T. E.	T. SHIMU	Date: 05.06.18

Department of Public Health and Social Services
Division of Environmental Health

Food Establishment Inspection Report

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ESTABLISHMENT NAME HELLO MART		LOCATION (Address) LOT 2 NEW TRACT 4106 RT 15 MA ST. ROSA	
INSPECTION DATE 03/06/2018	SANITARY PERMIT NO. 170001796	PERMIT HOLDER YANG, JAE HYUK	Y160

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

50	TOILET PAPER NOT IN DISPENSER IN BOTH RESTROOMS. TOILET PAPER SHALL BE STORED IN DISPENSERS TO ENSURE ADEQUATE USE.	3/16/18
52	OBSERVED UNNECESSARY ARTICLES SUCH AS DOGS BOWLS, SHOES, AND NEWSPAPERS STORED IN OFFICE RESTROOM. BROKEN, DISCARDED ITEMS, CHAIRS, BUTANE BURNER STORED OUTSIDE. BARE WOOD SHELVING USED IN STORAGE AREA NEAR KITCHEN ENTRANCE. UNNECESSARY ARTICLES SHALL BE REMOVED TO ALLOW THOROUGH CLEANING AND PREVENT THE ATTRACTION OF PESTS. BARE WOOD SHALL BE PAINTED OR SEALED TO ALLOW THOROUGH CLEANING.	3/16/18
47	MOP SINK NOT PROVIDED WITH HOT WATER. MOP SINK SHALL BE PROVIDED WITH HOT WATER TO ALLOW THOROUGH CLEANING OF THE ESTABLISHMENT.	3/16/18

PHOTOS TAKEN

ISSUED "C" PLACARD NO. 00705

DISCUSSED INSPECTION REPORT WITH PERSON IN CHARGE

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person In Charge (Print and Sign) M. SOOK YANG	Date: 3/06/18
DEH Inspector (Print and Sign) D. MITCHELL	Date: 3/06/2018

White: DPHSS/DEH

Yellow: Food Establishment